Managing the NHS

Many MPs raised issues with Ministers about how they will ensure that the extra money voted by Parliament in principle this week to bring down waiting lists will be spent to achieve this end. I myself asked the Minister proposing the NIC rise followed by a new levy what reduction in waiting lists could be secured for the sum in question. Like the Health Ministers themselves he would give no commitment to specific reductions.

The quest for this extra money seems to have come from the new Secretary of State for Health following briefings from the senior management of his department and the NHS. They conjured forecasts of large increases in waiting lists from current levels unless a major new funding package was put in place. I understand the difficulty of making these forecasts, but surely barring a major outbreak of a new virus variant that defeats the vaccinations the waiting lists should be falling as the NHS returns to a more normal working pattern, with the number of serious covid cases well down on the peak before mass vaccination.

Government forecasters seem to specialise in gloom, and have put out some very pessimistic estimates of the spread of the virus which did not come true. This issue of waiting lists should be easier to predict as much of it is in their control.

It is also important to understand why managers and officials think there could be a further surge in waiting list cases if we rely on the £230bn agreed health spend, and then to probe how an extra 4% would make all the difference. If there was more visibility of exactly what the new money would be spent on there could also be a better debate about budget priorities within the existing large agreed totals. We could for example examine the big budget for test and trace and see how that could be reduced as we move to a world where most people are vaccinated and where compliance with it is now low. We could examine the profusion of managers and policy people, of structures and offices that hang heavily above the work of the surgeries and hospitals.

This new team of Health Ministers needs to go through a thorough review of costs and priorities to ensure more money goes to the good medical teams doing the work, and more is spent on acquiring in house additional capacity. The current dependence on locums and temporary medical staff is very expensive.

The NHS also needs to clarify what future use of the private sector it intends to make. Mr Blair started the idea that the NHS would buy capacity in areas like cataract removal from specialist units in the private sector that could achieve good results at affordable prices, leaving NHS main hospitals for more complex tasks. During lockdown the NHS paid to block book a lot of the private capacity to keep some non COVID activities going. How did that work out? Are reports of underuse true?